

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10065436		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2			/				52			
3			/				53			
4			/				54		/	
5			/				55			
6			/				56			
7			/				57		/	
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	14		13				TOTAL IND.			
TOTAL DEP.	70	→	71	→			TOTAL DEP.			
TOTAL CLAIMS	86		84				TOTAL CLAIMS			